

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

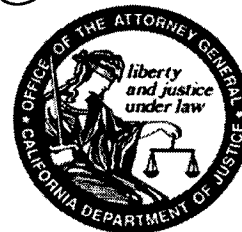
WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

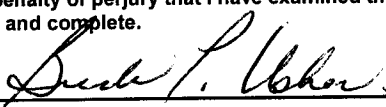
## REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.

IRS FORM 990 EXTENSIONS WILL BE HONORED. PLEASE SUBMIT WITH RRF-1 ALL IRS EXTENSION REQUESTS AND, WHERE APPLICABLE, IRS EXTENSION APPROVALS.



<b>State Charity Registration Number</b> <u>CT-3745</u>		<b>Check if:</b>	
<b>WOMEN'S CIVIC IMPROVEMENT CLUB OF SACRAMENTO, INC.</b>		<input type="checkbox"/> Change of address	
<b>Name of Organization</b>		<input type="checkbox"/> Amended report	
<b>3555 3RD AVENUE</b>		<b>Corporate or Organization No.</b> <u>D-0125386</u>	
<b>Address (Number and Street)</b>		<b>Federal Employer I.D. No.</b> <u>94-1179480</u>	
<b>SACRAMENTO, CA 95817</b>			
<b>City or Town, State and ZIP Code</b>			
<b>PART A - ACTIVITIES</b>		<b>Yes</b>	<b>No</b>
1. During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Note: If the answer is yes, you are required by Title 11 of the California Code of Regulations, §§311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.</b>			
2. For your most recent full accounting period (beginning <u>07 / 01 / 03</u> ending <u>06 / 30 / 04</u> ) list:			
Gross receipts \$ <u>903,035</u> Total assets \$ <u>1,076,022</u>			
<b>PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT</b>			
<b>Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.</b>			
		<b>Yes</b>	<b>No</b>
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. During this reporting period, were the services of a professional fundraiser or fundraising counsel used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Organization's area code and telephone number ( <u>916</u> ) <u>457</u> <u>8661</u>			
Organization's e-mail address _____			
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.			
		<u>5-13-05</u>	
Signature of authorized officer		Date	
<u>BRENDA P. USHER</u>		<u>Recording Secretary for WVIC</u>	
Printed Name		Title	

**WOMENS CIVIC IMPROVEMENT CLUB, INC.**  
**EIN # 94-11794809**  
**ATTACHMENT TO FORM RRF-1 (2003)**

Question #6

Sacramento Employment & Training Agency  
1217 Del Paso Heights Blvd.  
Sacramento, CA 95819

Contact person: Greg Tyros  
Telephone: 916-263-3800

County of Sacramento  
Director  
Department of Human Services  
7001-A East Parkway, Suite 1000  
Sacramento, CA 95823

University of California, Davis  
Office of the Vice Chancellor- Research  
One Shield Avenue, 118 Everson Hall  
Davis, CA 95619